

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX Mr. Julian Limon F. Tuba Fernandez	OFFICE USE ONLY Date Received 2014 OCT 27 Date Hand-delivered or Postmarked PM 1:48 Receipt # Date Processed Date Imaged AUSTIN CITY CLERK RECEIVED	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 524-1050		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX MS Olga A. Vega		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 308 Camperdown Elm Dr. Austin TX 78748		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 922-8684		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 09 / 26 / 2014 10 / 27 / 2014		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 04 / 2014		
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) City Council District 3	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME

Mr. Julian Limon F. Fernandez

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 20.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 375.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 176.49

4. TOTAL POLITICAL EXPENDITURES

\$ 526.14

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

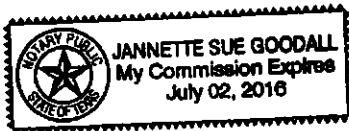
\$ 468.39

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1200.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Julian Limon F. Fernandez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Julian Fernandez, this the 27 day of OCT, 20 14, to certify which, witness my hand and seal of office.

Jannette Sue Goodall
Signature of officer administering oath

JANNETTE SUE GOODALL
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1

2 FILER NAME

Mr. Julian Limon F. Fernandez

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09-29-14

5 Full name of contributor

☐ out-of-state PAC (ID#)

Herminda Grote

6 Contributor address; City; State; Zip Code

1055 Hidden Hills Dr Drippiaps
Springs Tx 78620

7 Amount of
contribution (\$)

\$ 100.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09-28-14

Full name of contributor

☐ out-of-state PAC (ID#)

Bertha De La Garza

Contributor address; City; State; Zip Code

108 Robbin Cove Kyle, Tx
78640

Amount of
contribution (\$)

\$ 25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-07-14

Full name of contributor

☐ out-of-state PAC (ID#)

Paul Hernandez

Contributor address; City; State; Zip Code

1007 Daniel Dr Austin TX 78704

Amount of
contribution (\$)

\$ 50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-13-14

Full name of contributor

☐ out-of-state PAC (ID#)

David Archer

Contributor address; City; State; Zip Code

2907 Govalle Ave Austin TX
78702

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-14-14

Full name of contributor

☐ out-of-state PAC (ID#)

Elizabeth Hernandez

Contributor address; City; State; Zip Code

3300 Goodwin Austin TX
78702

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>1</u>		2 FILER NAME <u>Mr. Julian Limon F. Fernandez</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>09-30-14</u>		5 Payee name <u>Gulf</u>			
6 Amount (\$) <u>\$ 80.00</u>		7 Payee address; City; State; Zip Code <u>1723 E. Oltorf Austin TX 78704</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>Travel in District</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Gasoline</u>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Julian Limon F. Fernandez</u>		Office sought <u>City Council</u>	Dist Office held <u>3</u>
Date <u>10-02-14</u>		Payee name <u>Affordable Sound and CD Duplication, LTD</u>			
Amount (\$) <u>\$ 60.80</u>		Payee address; City; State; Zip Code <u>1029 Reinli St. Ste 3 Austin, TX. 78723</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Posters</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Julian Limon F. Fernandez</u>		Office sought <u>City Council</u>	Dist Office held <u>3</u>
Date <u>10-10-14</u>		Payee name <u>Affordable Sound and CD Duplication, LTD.</u>			
Amount (\$) <u>\$ 128.00</u>		Payee address; City; State; Zip Code <u>1029 Reinli St. Ste 3 Austin, TX. 78723</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Posters</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Julian Limon F. Fernandez</u>		Office sought <u>City Council</u>	Dist Office held <u>3</u>
Date <u>10-14-14</u>		Payee name <u>H.E.B.</u>			
Amount (\$) <u>\$ 81.65</u>		Payee address; City; State; Zip Code <u>2701 E. Seventh St. Austin, TX 78702</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Food/Beverage Expense</u>		Description (If travel outside of Texas, complete Schedule T) <u>Meet & Greet</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Julian Limon F. Fernandez</u>		Office sought <u>City Council</u>	Dist Office held <u>3</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED